



WASHINGTON
& JEFFERSON COLLEGE

U. GRANT MILLER LIBRARY

Reserve Request Form

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Please allow 48 hours for requests submitted electronically

Instructor's Name _____

Dept. & Course No. _____

Course Title _____

Term: ___ Fall ___ Intersession ___ Spring ___ Summer Session I ___ Summer Session II

Special instructions: _____

E-signature _____ Date _____

- **ALL RESERVE FORMS MUST BE SIGNED AND DATED BEFORE SUBMISSION**
- Unless otherwise indicated, all personal materials will be security tagged and labeled.
- Photocopying and obtaining permissions is the responsibility of the instructor.
- Unless otherwise indicated, all items will be removed from reserve at the end of the semester.

Choose one of the following:

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(Library Use Only)

_____ 1-Day Reserve

_____ 3-Day Reserve

Please list items: (attach additional pages if needed)

Author	Title	Call Number	Other Bibliographic Information	<input checked="" type="checkbox"/> Check if Personal Copy	Remove Reserve Date

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